

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): MN-501 - Saint Paul/Ramsey County CoC

CoC Lead Organization Name: Ramsey County Community Human Services Department

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Saint Paul / Ramsey County Homeless Advisory Board

Indicate the frequency of group meetings: Bi-monthly

If less than bi-monthly, please explain (limit 500 characters):

Indicate the legal status of the group: Other (specify)

Specify "other" legal status:

The St. Paul / Ramsey County Homeless Advisory Board was created by resolutions passed by the St. Paul City Council and the Ramsey County Board of Commissioners.

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 95%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	<input type="checkbox"/>
Assigned:	<input checked="" type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input checked="" type="checkbox"/>

Other: ☐**Specify "other" process(es):**

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

Ten members each appointed by the St. Paul City Council and the Ramsey County Board of Commissioners. To increase participation of homeless and formerly homeless and more people of color, the group has made membership open and voting rights available to anyone who has been to 50% or more of the meetings.

*** Indicate the selection process of group leaders:
(select all that apply):**

Elected:	<input type="checkbox"/>
Assigned:	<input checked="" type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

Yes, provisionally. Additional administrative funds would enable our primary decision-making body, or a designated agency, to play a principal role in applying for HUD funding and providing project oversight and monitoring. However, our CoC would only be interested in this option if these funds are not taken from the competitive homeless assistance dollars. Also, we are not in favor of a single entity serving as the grantee for our CoC.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Continuum of Care Provider Committee	Planning and organizing the CoC annual application to HUD; Oversight and monitoring of HUD-funded projects; Peer to peer technical assistance on issues related to the performance of HUD-funded projects	Monthly or more
Heading Home Ramsey Homeless Prevention Steering Committee	This group coordinates all homeless prevention planning, program development, and implementation for the St. Paul/Ramsey 10-Year Plan to End Homelessness, Heading Home Ramsey. This group also oversees a state grant for homeless prevention and early intervention	Monthly or more
Heading Home Ramsey Stability Steering Committee	Responsible for planning and implementation of strategies to improve and stabilize household income through employment, education and training, and ensuring maximum utilization of all appropriate mainstream cash, food, and medical assistance programs	Monthly or more
Heading Home Ramsey Adult Discharge Steering Committee	This group is responsible for the planning, program development, and protocol development with community and state corrections departments, treatment programs, and hospitals to enhance effective discharge planning and performance with the goal of zero tolerance for discharges into homelessness	Monthly or more
St. Paul / Ramsey County Funders Council	Identifies and coordinates funding opportunities that finance the creation of - and ongoing support for - a continuum of housing options serving homeless individuals and families. The Funders Council also supports public policy reforms that will more effectively and efficiently finance supportive and affordable housing	Bi-monthly

If any group meets less than quarterly, please explain (limit 750 characters):

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Minnesota Housing Finance Agency	Public Sector	State g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Minnesota Department of Human Services	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
MN Department of Corrections	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Minnesota Veterans Affairs Department	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	Veterans
Ramsey County Community Human Services	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Ramsey County Community Corrections	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
Ramsey County Workforce Solutions Department	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Ramsey County Public Health Department	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	HIV/AIDS
St. Paul Public Housing Agency	Public Sector	Public ...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Metropolitan Council Housing and Redevelopment ...	Public Sector	Public ...	Attend 10-year planning meetings during past 12 months, C...	NONE
St Paul Schools	Public Sector	School ...	Attend 10-year planning meetings during past 12 months, C...	Youth
St. Paul Police	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, C...	NONE
Ain Dah Yung	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Youth, Domes..
Breaking Free	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Youth, Subst...
CommonBond Communities	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Community Stabilization Project	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE

Clare Housing	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	HIV/AIDS
Corporation for Supportive Housing	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
East Metro Women's Council	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
Face To Face Health and Counseling Services	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Youth, Subst...
The Family Place	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	NONE
Freeport West	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Youth
Guild, Inc	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, A...	Seriously Me...
Health Care for the Homeless/ Housecalls	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Hearth Connection	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
HomeLine	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Juel Fairbanks	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
Merrick Community Services	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Minnesota Housing Partnership	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Minnesota Assistance Council for Veterans	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Veterans
Minnesota Coalition for the Homeless	Private Sector	Funder...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Model Cities of St. Paul	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Youth, Subst...
New Foundations	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...

People, Incorporated	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriousl y Me...
Project for Pride In Living	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriousl y Me...
RS Eden	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Youth, Subst...
Southern Minnesota Regional Legal Services	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	NONE
South Metro Human Services	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriousl y Me...
St. Paul Urban League	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	HIV/AIDS
Health Care for Homeless Veterans	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veteran s
Theresa Living Center / Caroline Family Services	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Youth, Domes..
Tubman Family Alliance/ Chrysalis	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriousl y Me...
Twin Cities Community Voice Mail	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
The Vets Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veteran s, Se...
Wilder Foundation	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriousl y Me...
Women's Advocates	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Domesti c Vio...
Listening House of St. Paul	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriousl y Me...
Wilder Research Center	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
YWCA of St. Paul	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Domesti c Vio...
Catholic Charities	Private Sector	Faith-b...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriousl y Me...
Emma Norton Services	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Seriousl y Me...

Lutheran Social Services	Private Sector	Faith -b...	Primary Decision Making Group, Attend Consolidated Plan p...	Youth
Metropolitan Interfaith Council for Affordable ...	Private Sector	Faith -b...	Attend Consolidated Plan planning meetings during past 12...	NONE
St. Paul Area Council of Churches	Private Sector	Faith -b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Salvation Army	Private Sector	Faith -b...	Primary Decision Making Group, Attend 10-year planning me...	Youth, Serio...
Union Gospel Mission	Private Sector	Faith -b...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Saint Paul Foundation	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months, C...	NONE
Frey Family Foundation	Private Sector	Funder ...	None	NONE
United Way of the Greater Twin Cities	Private Sector	Funder ...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Family Housing Fund	Private Sector	Funder ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Local Initiatives Support Corporation	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
Ralph Olson	Individual	Hom eles. ..	Primary Decision Making Group, Attend 10-year planning me...	NONE
Perman Baker	Individual	Hom eles. ..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Community Action Partnership of Ramsey and Wash...	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	NONE
Kimberly X	Individual	Hom eles. ..	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
Danielle X	Individual	Hom eles. ..	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
Ramsey County Veterans Service Officer	Public Sector	Loca l g...	Attend 10-year planning meetings during past 12 months, C...	Veteran s
Ramsey County Sheriff's Office	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Ted Dennis	Individual	Hom eles. ..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Voices for Change	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	NONE

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply)

f. Announcements at Other Meetings, a. Newspapers, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s): (select all that apply)

b. Review CoC Monitoring Findings, g. Site Visit(s), k. Assess Cost Effectiveness, c. Review HUD Monitoring Findings, r. Review HMIS participation status, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s): (select all that apply)

a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months?

No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

There are 14 new beds listed this year as The Dwelling Place, a private church-based shelter has opened 12 new beds and there are 2 additional beds at the Union Gospel Mission's men shelter.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

There are 52 new beds listed in our 2009 HIC for transitional housing. Ethel Gordon Transitional Program has 30 new beds, SafeZone has opened 5 units for homeless youth, Breaking free has 8 beds for single women, and The Dwelling Place, a private church program has 7 beds. Lutheran Social Services has a variable supply of beds depending on funding. Last year they had 50 beds for homeless youth, this year they have only 32. 4 beds listed in 2008 under Sarah Family Ministries have closed down. Some other variations are the result of different family sizes in the same units listed last year.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

There are 182 additional permanent supportive housing beds listed in the 2009 chart. We have added 57 new beds for chronically homeless, 46 other new permanent supportive housing beds. The Hearth Connection program operates through a 7 county metro joint powers agreement that provides considerable participant choice on where to live. By chance, this year Ramsey County lost 4 beds overall and 10 chronically homeless beds as participants moved within this program to other housing in the metro area. The remaining difference is a function of different family sizes occupying the units from year to year.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document. Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	MN-501 Housing In...	11/23/2009

Attachment Details

Document Description: MN-501 Housing Inventory

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: 01/28/2008
(mm/dd/yyyy)

Indicate the type of data or methods used to complete the housing inventory count: HMIS plus housing inventory survey
(select all that apply)

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS
(select all that apply)

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: Unsheltered count, HMIS data, Local studies or non-HMIS data sources, Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms
(select all that apply)

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type: Statewide

Select the CoC(s) covered by the HMIS: MN-501 - Saint Paul/Ramsey County CoC, MN-510 - Scott, Carver Counties CoC, MN-505 - St. Cloud/Central Minnesota CoC, MN-508 - Moorhead/West Central Minnesota CoC, MN-511 - Southwest Minnesota CoC, MN-500 - Minneapolis/Hennepin County CoC, MN-504 - Northeast Minnesota CoC, MN-512 - Washington County CoC, MN-506 - Northwest Minnesota CoC, MN-503 - Dakota County CoC, MN-507 - Coon Rapids/Anoka County CoC, MN-502 - Rochester/Southeast Minnesota CoC, MN-509 - Duluth/Saint Louis County CoC
(select all that apply)

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? No

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: ServicePoint

What is the name of the HMIS software company? Bowman Systems

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): 10/15/2003
(format mm/dd/yyyy)

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

Indicate the challenges and barriers impacting the HMIS implementation: Inability to integrate data from providers with legacy data systems, Other, No or low participation by non-HUD funded providers, Inadequate resources
(select all the apply):

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

The CoC currently does not have a plan to address the issue of inadequate resources for HMIS. Currently many organizations and funding sources are facing cut-backs in MN, making it an extremely difficult time to secure additional resources. The CoC continues to work closely with non-mandated providers by emphasizing the importance of their participation to obtaining HUD and state homeless assistance dollars. To address the barrier of multiple data systems, the CoC continues to support the efforts of the system administrator (Wilder Research) to implement data transfer via XML, and efforts to build more reports into the HMIS, including those required by United Way and other funders.

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name Amherst H. Wilder Foundation

Street Address 1 451 Lexington Parkway North

Street Address 2

City St. Paul

State Minnesota

Zip Code 55104

Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

Is this organization the HMIS Lead Agency in more than one CoC? Yes

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix: Dr.

First Name Craig

Middle Name/Initial

Last Name Helmstetter

Suffix

Telephone Number: 651-280-2700
(Format: 123-456-7890)

Extension

Fax Number: 651-280-3700
(Format: 123-456-7890)

E-mail Address: cdh@wilder.org

Confirm E-mail Address: cdh@wilder.org

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of participation in a CoC's HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

* Emergency Shelter (ES) Beds	0-50%
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	76-85%

How often does the CoC review or assess its HMIS bed coverage? Annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

We will continue to work with our HMIS Administrator and Catholic Charities to complete the technical work required to upload data from Catholic Charities legacy database system in order to include the 170 individual emergency shelter beds provided at the Dorothy Day Center. This would increase our HMIS coverage for individual shelter beds from 15% to 71 %.

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	11%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	1%	0%
* Veteran Status	1%	1%
* Disabling Condition	1%	0%
* Residence Prior to Program Entry	1%	0%
* Zip Code of Last Permanent Address	2%	20%
* Name	0%	3%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories; i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM) to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4? Yes

Did the CoC or subset of CoC participate in AHAR 5? Yes

How frequently does the CoC review the quality of client level data? Quarterly

How frequently does the CoC review the quality of program level data? Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

Since Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness, much of the data in the system are reviewed closely by state-funded agencies during quarterly and annual reporting periods. State funders follow up with agencies whose reports show poor data quality. Additionally, the HMIS Lead Organization (Wilder) staffs an HMIS help desk during business hours. Finally, over the past year Wilder has begun using Abt Associates "bed utilization tool" to help find inaccurate data entry and has worked with several agencies to clean up data that appears to be of low quality.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

To date nearly all participation in Minnesota's HMIS is due to funding requirements; Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness. Proper entry and exit dates (or service start and end dates for programs that do not require formal program entries and exits) are, therefore, ensured by the need for participating agencies to have accurate data in their required reporting. A lack of proper entry and exit dates remains a problem for some participating agencies. Additionally, over the past year Wilder has begun using Abt Associates "bed utilization tool" to help find inaccurate data entry and has worked with several agencies to clean up bad program entry and exit data.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:

- Data integration/data warehousing to generate unduplicated counts; Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement; Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management; Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system; Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Quarterly
Use of HMIS for point-in-time count of sheltered persons:	Semi-annually
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Quarterly
Use of HMIS for program management:	Quarterly
Integration of HMIS data with mainstream system:	Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.

- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:

* Unique user name and password	Semi-annually
* Secure location for equipment	Semi-annually
* Locking screen savers	Semi-annually
* Virus protection with auto update	Semi-annually
* Individual or network firewalls	Semi-annually
* Restrictions on access to HMIS via public forums	Semi-annually
* Compliance with HMIS Policy and Procedures manual	Semi-annually
* Validation of off-site storage of HMIS data	Semi-annually

How often does the CoC assess compliance with HMIS Data and Technical Standards? Annually

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Quarterly

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 02/10/2005

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients' PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Never
Using HMIS data for assessing program performance	Annually
Basic computer skills training	Monthly
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/28/2009

For each homeless population category, the number of households must be less than or equal to the number of persons.

	Households with Dependent Children			
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	66	172	1	239
Number of Persons (adults and children)	186	494	4	684
	Households without Dependent Children			
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	389	215	86	690
Number of Persons (adults and unaccompanied youth)	389	215	89	693
	All Households/ All Persons			
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	455	387	87	929
Total Persons	575	709	93	1,377

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	181	52	233
* Severely Mentally Ill	335	61	396
* Chronic Substance Abuse	156	37	193
* Veterans	83	17	100
* Persons with HIV/AIDS	7	1	8
* Victims of Domestic Violence	255	6	261
* Unaccompanied Youth (under 18)	72	0	72

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:

- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

How frequently does the CoC conduct a point-in-time count? Annually

Enter the date in which the CoC plans to conduct its next point-in-time count: 01/27/2010
(mm/dd/yyyy)

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers: 100%

Transitional housing providers: 100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:

- Survey Providers: Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS: The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation: The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encouraged to use the HUD General Extrapolation worksheet.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:

(Select all that apply):

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

A mailed survey with a telephone follow-up was completed with 100% participation of the emergency shelter, transitional housing providers in Ramsey County.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

Our point in time count in 2009 reflects a higher need in the community than we saw in 2007. Unemployment is up from 4% to 8.5% and in those two years there have been over 6,000 foreclosures in our county since our last count. There has been no increase in shelter beds in Ramsey County for families since our previous count in 2007 and therefore those numbers are very comparable although the number of families in transitional housing is up over 8%. Adult shelter numbers are up nearly 18% reflecting both the economy and the fact that it was 20 degrees below zero the night of the count and unsheltered numbers were 21% lower.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.

- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD's Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encouraged to use the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: [HUD's Guide for Counting Sheltered Homeless People](http://www.hudhre.info/documents/counting_sheltered.pdf) at http://www.hudhre.info/documents/counting_sheltered.pdf.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy:	<input type="checkbox"/>
Provider expertise:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

We used the data collected from the January 28, 2009 point in time survey of shelter, transitional and permanent housing providers (100% participation). We applied subpopulation percentages developed by the Wilder Research Center from the October 23, 2006 Statewide Homeless Survey (using only the Ramsey County data from that survey). We then held discussions with providers and other stakeholders to verify that the subpopulation data arrived at matched their observations.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

Subpopulations are up for all categories which is a reflection of the higher numbers overall identified in the January 28, 2009 count.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:

- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:
(select all that apply)

Instructions:	<input type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:

- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see

¿A Guide to Counting Unsheltered Homeless People¿ at:

http://www.hudhre.info/documents/counting_unsheltered.pdf.

**Indicate the method(s) used to count unsheltered homeless persons:
(select all that apply)**

Public places count: ☒

Public places count with interviews: ☐

Service-based count: ☐

HMIS: ☐

Other: ☐

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.

¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.

¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:

- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see [A Guide for Counting Unsheltered Homeless People](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

If Other, specify:

Homeless street outreach staff from Ramsey County organizations and volunteers from the St. Paul Police and Ramsey County Sheriff's offices participated in the unsheltered count, and helped to identify all known public places, and private abandoned buildings where unsheltered persons were staying. Police departments were asked to identify people sleeping in cars and the Metropolitan Transit drivers were asked to count those sleeping on or riding public transportation throughout the night. Hospitals were asked to identify homeless people in the emergency rooms that night. Interviews were conducted with residents in detox to identify those who were homeless and unsheltered the evening previous to entry.

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

Volunteers, including police and public transportation employees were asked to include any identifying characteristics to identify unsheltered individuals being counted, including nicknames, when known, appearance, and location. This information was then reviewed by all the volunteers to help us identify possible duplication. Finally, community street outreach and other homeless services staff reviewed all the information collected to verify, whenever possible, actual identities and duplicated counts.

Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

Within the Ramsey County CoC, we have established and heavily marketed a central point of contact for all families at risk of homelessness to make it far easier for families to find out where to access help before they become homeless. This central point of contact has housing assistance resources through the ARRA HPRP and the state funded Family Homeless Prevention and Assistance Program specifically to keep families with dependent children from becoming homeless and ever being unsheltered. This information is widely disseminated to police, schools, social service organizations, hospitals and clinics, and street outreach staff, to ensure that homeless families know where to go to avoid being unsheltered. From July to December 2009, FEMA Emergency Food and Shelter funding has been used to expand our family shelter system by 20 beds per night.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

The Ramsey County CoC provides street outreach and drop-in centers for homeless adults and youth living on the streets to connect them as quickly as possible with survival gear, and other harm reduction strategies, relationship and trust building, medical care and information and referral to needed services including shelter, transitional, permanent and safe haven housing opportunities. People Incorporated operates a 10-bed safe haven in Saint Paul to provide housing options for people, particularly those with mental illness, who have been routinely unsheltered. Outreach workers develop a level of trust over time that gives people confidence to try coming in from the cold.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

There was a 21% decrease in the number of people identified and counted as unsheltered in 2009 compared to the last count in 2007. Much of this is attributable to the fact that it was 20 degrees below zero the night of our count in 2009. This was a significant factor in an overall 18% increase in the adult shelter population that night. The dangerously cold temperatures also made it very difficult for volunteers to get to all the known camps and other outdoor locations where unsheltered homeless people are known to frequent. In addition to the increase in the adult shelter population, there were more unsheltered people found riding metro buses the night of the 2009 count.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

52 new CH units will be occupied in the next 12 months. Delancy Apartments project will house 13 chronically homeless individuals. Catholic Charities will utilize 11 new rental assistance vouchers for chronic homelessness adults through their state-funded Housing Trust Fund III project. People Incorporated will utilize new rental assistance vouchers from the state to house 15 chronically homeless adults. Ramsey County Adult Mental Health, in partnership with Mental Health Resources will utilize their new state-funded rental assistance vouchers to house 13 chronically homeless adults. The CoC will actively recruit agencies to expand the supply of housing units for people meeting the definition of chronically homeless through applications for capital and rental assistance through annual funding opportunities from the state of Minnesota and HUD. The CoC will also actively promote an expansion of the state program for supportive services for chronically homeless adults.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

There are 98 additional units for the chronically homeless in projects that are working on their funding packages that will be coming on line and available for occupancy within the next couple of years. The CoC is working with MN Housing Finance Agency and the City of St. Paul to recruit and promote Ramsey County chronically homeless projects for tax credit, capital, and operations funding and with the MN Department of Human Services for on-going and expanded support services for the chronically homeless.

How many permanent housing beds do you currently have in place for chronically homeless persons? 414

How many permanent housing beds do you plan to create in the next 12-months? 52

How many permanent housing beds do you plan to create in the next 5-years? 180

How many permanent housing beds do you plan to create in the next 10-years? 360

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The plan is to build on a successful track record to continue our trend of significantly exceeding national goals in permanent housing stability for people formerly homeless. Metrowide Engagement for Shelter and Housing (MESH) will continue to coordinate training for homeless housing and services providers organized into separate trainings for all new provider staff and those with more experience. The trainings are designed to build tools and strategies for improving housing stability among people with multiple barriers to stability. Ramsey County permanent supportive housing providers will continue to be encouraged to attend monthly best practices in housing presentations put on by the U. of MN Center for Urban and Regional Affairs.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

Members of the Ramsey County CoC will continue to actively engage with the MN Legislature and other funding sources to increase funding for the long-term homeless supportive service program to greatly expand our national best practice program for achieving long-term stability for families and individuals with significant and chronic barriers. Ramsey County CoC provides and Wilder Research, our HMIS administrator will continue to develop the capacity of HMIS to identify the connection between specific barriers to stability and service interventions that are most successful in helping people overcome those barriers.

What percentage of homeless persons in permanent housing have remained for at least six months? 85

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 88

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 92

In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 96

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

Fully utilize 100 FUP and 35 HUD VASH vouchers awarded to the St Paul PHA. With state funding, Ramsey County CoC has engaged HousingLink, a local web-based housing information resource, to develop a Ramsey County specific web tool for homeless providers to identify the most appropriate local supportive housing program based on the needs of each individual or family. With HPRP and state Family Homeless Prevention and Assistance Program funding, a collaborative of five or our leading homeless housing and service providers has been developed to combine their networks of landlords to promote rapid permanent housing placement through an easily accessible central point of contact. This new program, entitled Housing Crisis Response in Ramsey County, will greatly expand the capacity of our transitional housing providers to move residents into permanent housing.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

Ramsey County CoC will engage in an on-going effort to ensure continuation funding support for the Housing Crisis Response in Ramsey County program. Ramsey County CoC providers will continue to apply for annual MN Housing Trust Fund awards and capital development grants for new permanent supportive housing to continue the development of more affordable permanent housing opportunities for Ramsey County transitional housing providers to utilize for their graduates. Trainings for transitional housing staff will continue under the direction of Metrowide Engagement for Shelter and Housing staff to ensure that transitional housing providers keep a focus on the goal of permanent housing for all residents.

What percentage of homeless persons in transitional housing have moved to permanent housing? 66

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 69

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 74

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 78

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC is working on the development of a pilot with Catholic Charities, Goodwill / Easter Seals, and Ramsey County Workforce Solutions Department to provide on-going employment services to homeless adults in Ramsey County. The CoC through our plan to end homelessness, Heading Home Ramsey, is working with the City of Saint Paul, the Solid Waste Division of the County Public Health Department and other community partners on recruiting and training homeless adults for a housing deconstruction and recycling program in partnership with the city's Neighborhood Stabilization Program. CoC will continue to sponsor trainings for homeless housing and service providers on strategies for improving employment outcomes.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC will expand the social enterprise pilot employment projects listed above to significantly grow the number of homeless adults developing marketable skills for jobs paying a living wage and higher. The CoC will formalize an agreement with St. Paul College and several other local community colleges to improve the capacity for homeless adults to receive scholarships and tuition reduction to skill development classes. The CoC will work with area employers to develop on-the-job training and transitional employment programs for motivated homeless adults. the CoC will continue to expand training for homeless service providers on connections to the world of work for their clients and residents.

What percentage of persons are employed at program exit? 24

In 12-months, what percentage of persons will be employed at program exit? 25

In 5-years, what percentage of persons will be employed at program exit? 28

**In 10-years, what percentage of persons will
be employed at program exit?** 34

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

Ramsey County and the St. Paul Public Housing Agency will fully utilize the 75 Family Unification Program vouchers awarded and reserved for families with open child protection cases who are either homeless or at severe risk of homelessness. The Housing Crisis Response in Ramsey County program will be utilized to provide rapid rehousing services for all families in emergency and domestic violence shelters in Ramsey County and to identify families in our community at risk of homelessness in order to provide assistance to prevent the loss of home or to quickly move them to more appropriate and affordable housing, if needed. XXX number of permanent housing units will be developed and ready for occupancy for homeless families in the next 12 months: (name the developments)

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

We will fully engage in the effort to ensure the on-going funding for Housing Crisis Response in Ramsey County to continue and expand the family rapid rehousing and homeless prevention work. Increasingly, the focus will be on early identification of families at risk to provide early and timely assistance to prevent family homelessness. Ramsey County homeless family housing and service providers, the County Human Services Department, the Metro HRA and St. Paul PHA will continue to seek funding opportunities for more state and federal voucher opportunities for homeless and at-risk families.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)? 251

In 12-months, what will be the total number of homeless households with children? 220

In 5-years, what will be the total number of homeless households with children? 150

In 10-years, what will be the total number of homeless households with children? 0

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

- ¿ What? Describe the policies that have been developed or are in the process of being developed.
- ¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
- ¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

By state law, beginning at 16, all foster care youth have annual court review of each item of a ind. living plan which includes among 11 req., a primary and alternate affordable housing plan w/out emergency shelter. Youth notified before 18 they can continue foster care until age 21 even if they left foster care. Youth routinely seek help through Housing Crisis Response or look for transitional housing through Lutheran Social Services, Face To Face, and Ain Dah Yung or double up with others create an affordable apartment. All are informed that SafeZone Drop-In is central point of contact for youth to build housing solutions. Luth.Soc.Services, Ain Dah Yung and Face To Face have state Healthy Transitions grants to work with youth aging out of foster care to keep them from homelessness. Collaborating agencies: foster care recruitment and licensing, adoption/guardianship, child protection case management, and delinquency, juvenile corrections, and County Att. office, specifically the child support unit, truancy prevention office, community staff working with youth, the Minnesota Dep of Human Serv and youth advocates developing legislative lobbying for housing, education, employment and training options for youth in foster care. 25 of the 100 FUP vouchers awarded to Ramsey County and St. Paul Public Housing will be used to provide housing for youth aging out of foster care.

Health Care:

The CoC works with hospital social work staff at Regions, United, Bethesda, St. Johns, and St. Joseph hospitals so they know about homeless prevention and housing assistance resources through the new Housing Crisis Response program in Ramsey County and the central points of contact for families and single adults. An early warning system is being developed so that County staff, Healthcare for the Homeless staff, and appropriate housing and service resources are notified at admission when patients are identified with no known discharge address. Before discharge from the hospital, patients with no place to go or their hospital social worker contact the Housing Crisis Response program to develop a housing plan and to access needed assistance. There are currently four beds, paid for by state and local dollars for respite care for patients discharged from hospitals with lingering medical needs but no home address. Plans include doubling that number in the next year.

Mental Health:

Discharge plans of people in mental health treatment programs and hospital psychiatric beds are based on the least restrictive setting as determined by treatment needs. The menu of options available to people leaving mental health treatment include case management services, access to one of more than 400 housing subsidies administered by the county with partners South Metro Human Services, Mental Health Resources, Guild, Inc. for people with serious mental illness. The county manages an entire floor at Mary Hall to provide intensive case management services for people with serious mental illness and provide 10 beds at Emma Norton Services through the state-funded Group Residential Housing program. The state of MN has adopted a policy that no one in any state mental health treatment facility is to be discharged to the streets or to shelter. The CoC works closely with the County, the state, Health Care for the Homeless, the ACCESS team and our Housing Crisis Response program to ensure that housing solutions are found before discharge.

Corrections:

Inmates who will be returning to Ramsey County upon discharge but with no known address are provided information on our Housing Crisis Response in Ramsey County program, with its central points of contact for housing referrals, placement and assistance. A corrections release planning team comprised of representatives from the State and Ramsey County Corrections Departments, the Ramsey County Court system, Ramsey County Human Services and Workforce Solutions Departments, St. Paul Police and Ramsey County Sheriff's offices, community housing and service providers has been meeting to develop plans designed to prevent prisoners being released into homelessness. Roles are being defined for each of the collaborative partners from the point of sentencing and incarceration in assessing the risk of homelessness, ensuring an uninterrupted eligibility for mainstream assistance upon discharge, housing and employment support, mental health and chemical dependency treatment and after care and case management services, as needed, all beginning far in advance of release. Ramsey County is one of three counties statewide participating in a Minnesota Department of Corrections pilot program for reentry services to prevent homelessness and recidivism.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

The City will work to develop more permanent affordable housing and more permanent supportive housing for low income homeless households.

The City and County will work aggressively to develop homeless prevention strategies.

Provide comprehensive community outreach programs, drop-in centers, congregate meal programs, and other direct services designed to identify and build helping relationships with people experiencing homelessness.

Program and funding coordination for shelter and transitional housing needs of homeless persons.

Helping homeless persons transition to permanent housing with services or to independent living.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

The St. Paul/Ramsey County CoC has totally integrated HPRP and the state funded Family Homeless Prevention and Assistance Program to complete a major redesign in the scope and direction of our response to homelessness. (From the St. Paul Substantial Amendment to the Consolidated Plan for HPRP): The City partners with the County CoC for a comprehensive HPRP by contractual agreements with the CoC service providers and community agencies. More specifically, the City's collaboration with the CoC Coordinator, the [City-]County Coordinator to End Homelessness, and CoC providers is the City's implementation plan to meet the national HPRP objective - empowering homeless citizens to achieve more stable housing." The centerpiece of our local HPRP is the creation of Housing Crisis Response in Ramsey County, our program creating a central point of contact for all homeless and at-risk households in Ramsey County and our homeless prevention and rapid rehousing teams. Housing Crisis Response in Ramsey County was developed initially by the St. Paul/Ramsey County CoC Prevention Steering Committee.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

The St. Paul/Ramsey County CoC is working with the City of St. Paul and Ramsey County HRA to identify opportunities for NSP to promote the development of more affordable rental and supportive housing units. Discussions are also underway with the City of St. Paul to use an appropriate building asset obtained through NSP for an expansion of self-referral youth shelter beds, deemed by the CoC and our 10 year plan to end homelessness as a very high priority. St. Paul PHA has been awarded 35 HUD VASH vouchers. As both PHA and local VA staff and have long been actively involved in our CoC, we have been involved in the planning and implementation of the vouchers since the origin of the request. In the City of St. Paul, NSP is furthering the work of the major housing and economic development initiative in the city: Invest St. Paul. The CoC is working with the city and the Ramsey County HRA to use NSP and CDBG-R to increase the supply of affordable and supportive housing throughout the city and suburbs. A promising initiative involves the collaborative use of city NSP funding and county solid waste funding to create a deconstruction and recycling pilot for homeless, formerly incarcerated individuals to build skills and earn money and help clean up run down neighborhoods.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	71	Beds	57	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	88	%	85	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	78	%	66	%
Increase percentage of homeless persons employed at exit to at least 19%	28	%	22	%
Decrease the number of homeless households with children.	190	Households	251	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

The CoC continued to significantly exceed all three national goals even while falling short of our optimistic projections from the 2008 application. The primary challenge was the cutback in public and private funding. The near collapse of the market for tax credit investment slowed the development of a number of CH units. Also the difficulty in raising money for supportive services to make the support available for families and individuals in many of our programs insufficient to the need. The unemployment rate nearly doubled, local private foundations reported an average endowment loss of 27%, state and local governments were forced to make deep cuts in both provider support and in the social safety net for very low income and homeless residents. Also in 2008, more than 3,000 residences, 47% of which were rental properties, were in foreclosure in Ramsey County. The employment measure includes a supportive service program, not a part of our 2009 CoC application, that provides short term crisis service to many families that are homeless. The average length of involvement for families with this program is less than 30 days and the principal aim is crisis management and employment success has never been a realistic goal for most of the families served by this very short term program. If this program were not included in that goal area, our employed at exit rate for all other CoC programs would be over 29%.

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year's Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	265	300
2008	240	366
2009	233	414

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$200,000		\$1,000,000		
Operations	\$221,848		\$897,000		
Total	\$421,848	\$0	\$1,897,000	\$0	\$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	98
b. Number of participants who did not leave the project(s)	353
c. Number of participants who exited after staying 6 months or longer	82
d. Number of participants who did not exit after staying 6 months or longer	305
e. Number of participants who did not exit and were enrolled for less than 6 months	48
TOTAL PH (%)	86

Instructions:

HUD will be assessing the percentage of all transitional housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	238
b. Number of participants who moved to PH	158
TOTAL TH (%)	66

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 877

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	102	12	%
SSDI	51	6	%
Social Security	9	1	%
General Public Assistance	120	14	%
TANF	309	35	%
SCHIP	0	0	%
Veterans Benefits	2	0	%
Employment Income	192	22	%
Unemployment Benefits	14	2	%
Veterans Health Care	1	0	%
Medicaid	453	52	%
Food Stamps	562	64	%
Other (Please specify below)	113	13	%
Child support, Minnesota Supplemental Assistance, pension, family support, alimony			
No Financial Resources	143	16	%

The percentage values will be calculated by the system when you click the "save" button.

Does CoC have projects for which an APR Yes
should have been submitted?

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? Yes

4E. Section 3 Employment Policy Detail

Is the project requesting \$200,000 or more?: Yes

If Yes to above question, click save to provide activities

Which activities will the project undertake to ensure that employment and other economic opportunities are directed to low and very low income persons?

(Select all that apply)

Advertise at social service agencies, employment/training/community centers, local newspapers, shopping centers, radio, Establish a preference policy for Section 3 for competitive contracts

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

Our CoC has developed an APR analysis form that tracks project performance goals and access to mainstream programs. All providers have been asked to submit their APRs to the CoC 2 weeks before they are due to the HUD Field Office so that we can review and comment. 6 volunteers from our CoC receive the APR as they are submitted and use our APR analysis form to track progress and send comments to the provider organization.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If "Yes", indicate all meeting dates in the past 12 months.

December 18, 2008
February 19, 2009
May 21, 2009
July 16, 2009
September 3, 2009
October 2, 2009
November 19, 2009

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. Semi-annually

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

January 21, 2009

June 8, 2009

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Current participation or potential eligibility for mainstream benefits programs is identified during intake. Clients are asked to fill out application forms for potential programs. Language assistance is provided for non-English speakers and general assistance is provided in cases of illiteracy. Case management staff explain the programs, try to obtain releases of information which will allow direct communication between mainstream program eligibility workers and the case managers. The case manager then acts as an advocate, as needed. Clients are encouraged and provided training, as needed, on how to advocate effectively for their own needs. Two County Financial Workers are now co-located with the Housing Crisis Response program for eligibility determination for mainstream programs.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	100%
Medical Assistance , General Assistance, TANF, Minnesota Supplemental Aid, Food Support, Minnesota Care, General Assistance Medical Care, Emergency Assistance	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Staff routinely ensure that participants in their programs have signed releases of information that all communication between mainstream benefit providers and the homeless programs.	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction)).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

**Indicate the section applicable to the CoC Part A
Lead Agency:**

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	Yes
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	Yes
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	Yes
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>	No
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	No
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	

Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	No
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings?</p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)</p>	No
<p>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
<p>*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	Yes
<p>*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	Yes
<p>*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)</p>	Yes
<p>The City of Saint Paul recognizes that developing affordable housing is often a difficult task. In response, this section identifies City strategies that are removing barriers to affordable housing. 15,697 St. Paul households (31% of all city renters) receive housing assistance through rent-assisted housing (11,424 units) and Section 8 vouchers (3,880 units). Between 2002-2005, the city completed development of 1,000 housing units affordable at 30% and 50% of area median income. These totals included 236 units of new supportive housing. The city has adopted new urban zoning code that promotes higher housing density along transit corridors. The City has adopted a locational choice policy to encourage development of affordable housing citywide. The city is lobby the state legislature for progressive affordable housing tax reform. The city has made great efforts to preserve existing affordable housing. The City is committed to enforcing fair housing standards and is a funding jurisdiction of the Fair Housing Implementation Council. Since 1997, the City and HUD have funded the Housing Equality Law Project of the local legal aid office. The City's Human Rights Department responds aggressively to fair housing complaints.</p>	
<p>*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	No

Part A - Page 3

<p>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	No
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	Yes
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	No
<p>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	Yes
<p>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	No
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	No
<p>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Metropolitan Home...	2009-11-20 10:47:...	2 Years	People Incorporated	91,283	New Project	SHP	SSO	F3
SafeZone Center f...	2009-11-04 16:36:...	2 Years	Face to Face Heal...	91,283	New Project	SHP	SSO	X
HMIS Ramsey	2009-10-19 17:10:...	1 Year	Amherst H. Wilder...	42,649	Renewal Project	SHP	HMIS	F
Metro Project to ...	2009-11-23 09:46:...	1 Year	Ramsey County	301,980	Renewal Project	S+C	TRA	U
YWCA Transitiona l...	2009-10-20 15:30:...	1 Year	Young Women's Chr...	80,585	Renewal Project	SHP	TH	F
StreetWorks -- Ra...	2009-10-27 12:21:...	2 Years	Freeport West, Inc.	88,704	New Project	SHP	SSO	X
Theresa Living Ce...	2009-10-19 11:47:...	1 Year	Theresa Living Ce...	84,650	Renewal Project	SHP	TH	F
Rezek House	2009-10-16 16:59:...	1 Year	Lutheran Social S...	119,464	Renewal Project	SHP	TH	F
Jackson Street Vi...	2009-11-16 14:21:...	2 Years	Amherst H. Wilder...	91,283	New Project	SHP	SSO	X
Case Manager/E mpl...	2009-11-04 16:24:...	2 Years	CommonB and Commun...	91,283	New Project	SHP	SSO	X
Dual Diagnosis	2009-10-17 00:40:...	1 Year	Emma Norton Services	71,251	Renewal Project	SHP	TH	F
Families First Su...	2009-11-15 13:02:...	1 Year	Model Cities of S...	216,857	Renewal Project	SHP	PH	F
Seventh Landing	2009-10-16 12:38:...	1 Year	RS Eden	45,486	Renewal Project	SHP	PH	F

Mary Hall Suppoti...	2009-10-20 18:10:...	1 Year	Catholic Charitie...	514,133	Renewal Project	SHP	TH	F
Emma's Place	2009-10-17 00:43:...	1 Year	Emma Norton Services	136,212	Renewal Project	SHP	PH	F
ROOF Project	2009-11-16 16:43:...	1 Year	Amherst H. Wilder...	954,260	Renewal Project	SHP	TH	F
Caroline Family S...	2009-10-19 11:41:...	1 Year	Theresa Living Ce...	54,912	Renewal Project	SHP	SSO	F
St. Philip's Gard...	2009-11-20 17:41:...	5 Years	Public Housing Ag...	207,240	New Project	S+C	PRA	P1
Village Place	2009-11-05 14:28:...	1 Year	Breaking Free	93,600	Renewal Project	SHP	PH	F
St. Philip's Gard...	2009-11-20 17:50:...	2 Years	Twin Cities Housi...	223,447	New Project	SHP	PH	P2
Ramsey County - O...	2009-11-13 14:55:...	2 Years	Freeport West, Inc.	91,140	New Project	SHP	SSO	X
Crestview Communit y	2009-10-19 14:54:...	1 Year	New Foundatio ns, ...	298,090	Renewal Project	SHP	PH	F
Ramsey County She...	2009-10-12 14:42:...	1 Year	Metropolita n Coun...	888,240	Renewal Project	S+C	TRA	U
Metro Project to ...	2009-11-23 09:46:...	1 Year	Ramsey County	189,816	Renewal Project	S+C	TRA	U
PPL West 7th SHP	2009-11-23 10:59:...	2 Years	Project for Pride...	430,000	New Project	SHP	SH	X
East Metro Place ...	2009-10-25 23:11:...	1 Year	East Metro Women'...	67,814	Renewal Project	SHP	PH	F

Budget Summary

FPRN	\$2,871,246
Permanent Housing Bonus	\$430,687
SPC Renewal	\$1,380,036
Rejected	\$883,693

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certificate of Co...	11/23/2009

Attachment Details

Document Description: Certificate of Consistency